



## What Medicare Prescription Drug Plan is Right for Me? Medicare Counseling Assistance Request

**Name:**

**Address:**

**City/Zip Code:**

**Phone:**

**Check one:**      Married      Single

**Do you have Medicare?**      Yes      No

(You must have Medicare to be eligible. If NO, STOP HERE.)

**Do you have a Medicare Contracting Plan?**      Yes      No

**Plan Name: (Circle one):**

**Kaiser Senior Advantage    HMSA 65C Plus**

**United MedicareComplete    AlohaCare Advantage**

**Financial Information is optional. Do you qualify for the Extra Help in paying for Medicare Part D premiums, deductibles and co-insurance?**

**Annual Income: Individual - Less than \$16,515**      Yes      No

**Couple - Less than \$22,140**      Yes      No

(If married, total income for both spouses if married and living together)

**Resources: Individual - Less than \$11,500**      Yes      No

**Couple - Less than \$23,000**      Yes      No

(If married, total resources for both spouses - including savings, stocks and bonds, IRAs)

<b>Other Health Insurance and Prescription Coverage or Assistance- Check all that apply.</b>
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TRICARE for Life

Veteran's benefits (VA)

FEHBP (federal retirees)

Union/Other Retiree Coverage

Employer group health plan (I am still working)

Social Security Supplemental Income

Medigap plan H, I, or J

Pre-PACE Program at Maluhia

State of Hawaii or County Retiree

Med-QUEST helps pay Medicare premiums

**Preferred Pharmacy (May Leave Blank):****I would like my monthly premium to be (\$0.00 - \$113.00)****I would like my annual deductible to be (\$0.00 - \$250.00)****Would you consider using a mail order pharmacy for additional savings?**      Yes      No**Current Prescriptions used OR attach a list from your pharmacist**

<b>Drug Name and Strength (10 mg Lipitor)</b>	<b>Dosage (60 pills per month)</b>	<b>Monthly Cost</b>

<b>Total Cost of Drugs</b>		
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**Instructions:**

Please Fax this form to:

**(808) 586-0185 Attention: Sage PLUS Program**

**Or Mail:**

**EOA - Sage PLUS Program  
250 S. Hotel Street, Suite 406  
Honolulu, HI 96813**

**You will be mailed with results within 7 working days at the address you provided. If you need assistance enrolling in a plan, please contact Sage PLUS after November 15, 2005**